



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Sandy Bellomy, Executive Director
Two hearts Pregnancy Care Center
207 Marion Pike
Coal Grove, OH 45638

Dear Ms. Bellomy:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

- Lawrence \$80.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$80.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Himes', is written over a horizontal line.

Lance Himes
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	TWO HEARTS PREGNANCY CARE CENTERS
OAKS Supplier Number & Address Code	0000238741 - #1
Federal Tax ID Number	
Street Address	204 MARION PIKE COAL GROVE OH 45638-3145
City, State Zip code	COAL GROVE OH 45638-3145
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	LAWRENCE
Address where ODH should Direct Payment	2200 - 29TH STREET ASHLAND, KY 41101
Counties of Service This location serves women from the following counties:	LAWRENCE ANY AND ALL COUNTIES
Name of Person and Title completing application	SANDY BELLAMY - EXECUTIVE DIRECTOR
Area Code/Phone Number	606-325-7654
Email	SANDYBELLAMY@TwoHeartsPCC.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
 - B. Is a private, nonprofit organization;
 - C. Is committed to counseling pregnant women about the option of adoption;
 - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
 - E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

- III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:
- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
 - If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the county to apply for funding);
 - If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:

- A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

- B. Update Supplier Information online. If Organization has moved, update supplier account online at the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:
- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
 - B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
 - C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- VI. **By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

05-14-18
Date

Sandy Bellomy
Signature of Person Completing Application
SANDY BELLAMY - EXECUTIVE DIRECTOR
[Print Name & Title]

Application to be submitted to:
ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 6th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.

Choose Life Fund Expenditure Form (SFY18)
Report Period: June 1, 2017 through May 31, 2018
Due June 1, 2018

Agency Name	Two Hearts Pregnancy Care Centers			
Tax ID #	[REDACTED]			
Contact Name	SADDY Bellamy			
Contact Phone #	606-325-7654 / 740-532-7654			
Quarters	Total Expenditures 6/1/17 Thru 5/31/18	1st Quarter 6/1/17 Thru 8/30/17	2nd Quarter 9/1/17 Thru 11/30/17	3rd Quarter 12/31/18 Thru 2/28/18
Carryover SFY 16 Amount	2240.00			
Award Amount				
Material Needs of Pregnant Women at 60%	\$.	0	448.00	448.00
Clothing Costs				
Housing Costs				
Medical Care Costs		\$0.00		
Food Costs				
Utilities Costs				
Transportation Costs				
Other Costs (Explain)				
Total Material Costs	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$.			
Direct Costs at 40%	\$.	0	298.00	299.00
Counseling Costs				
Training Costs				
Advertising Costs				
Total Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$.			
Total Award Minus Materials and Direct Costs	\$ 2240.00	0	746.00	747.00
Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)	\$.			
Refund Due ODH (June 1, 2018)	\$ 0	0	0	0

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TWO HEARTS PREGNANCY CARE CENTERS		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) 2200 - 29TH STREET	Requester's name and address (optional)	
6 City, state, and ZIP code ASHLAND KY 41101		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>

OR

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person **Emily Bellamy**

Date **05-14-18**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248404892
June 01, 2012 LTR 4168C E0
[REDACTED] 000000 00

00026722
BODC: TE

TWO HEARTS-ASHLAND AREA PREGNANCY
CARE CENTER
% SANDY BELLOMY
2200 29TH ST
ASHLAND KY 41101-4830

025980

Employer Identification Number: [REDACTED]
Person to Contact: Jeff Saibert
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 22, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 2001.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.